



Buffalo State Child Care Center
 Buckham Hall C-Wing
 1300 Elmwood Avenue
 Buffalo, NY 14222
 Phone: (716) 878-5335
 Fax: (716) 878-3660

Infant Room Profile

Child's Full Name: _____
First
Middle
Last

Child's Nicknames, if any: _____ Child's Birthdate: _____

Family Information

Mother/Guardian

Full Name: _____

Home Address: _____

Cell Phone Number: _____

Work Name and Address: _____

Work Phone Number: _____ Job Title: _____

Work Hours: _____ Other Info: _____

Father/Guardian

Full Name: _____

Home Address: _____

Cell Phone Number: _____

Work Name and Address: _____

Work Phone Number: _____ Job Title: _____

Work Hours: _____ Other Info: _____

What is the parent's status on campus? (faculty, staff, student, other please specify)

Mother: _____ Father: _____ No Campus Affiliation: _____

Circle which applies:

Single Parent Engaged Married Separated Divorced Widowed

If Parents are not living together, who is the custodial parent? _____

If single, separated, or divorced, are there any restrictions as to which parent can pick-up or visit the child? If so, please specify: _____

Note: All restrictions must be legally documented. The "Blue Card" must also contain appropriate information regarding the names of persons the child can be released to.

Child's Experiences

Does your child hold up head? _____ Roll over? _____ Crawl? _____

Grasp things? _____ Pull up on furniture? _____ Walk with support? _____

Walk independently? _____ Started talking? _____ Words said? _____

Does your baby have a "fussy" time? _____ When? _____

Does he/she have siblings? _____ Names? _____ Ages? _____

Does he/she have pets? _____ What kinds? _____ Names? _____

Eating Habits

General Attitude about eating? _____

Favorite foods? _____ Disliked foods? _____

Regular/special feeding instructions: _____

Self-help Skills: Sippy cup? _____ Finger foods? _____ Holds spoon? _____

Holds bottle? _____ What else can your child do? _____

Sleep Habits

Where does your child sleep at home? _____

Do you have a special way of putting your child to sleep? Briefly describe: _____

How would you like us to put your child to sleep? (rocking, cuddling, fall asleep independently, ect.)

_____ Special needs? _____

Diapering

How frequently does your child have a bowel movement? _____

Normal appearance of bowel movement: _____

Foods that usually lead to constipation for the child: _____

Foods or liquids that usually lead to diarrhea for the child: _____

Note: Diapering of the child is done approximately every 2 hours or as needed. Please supply as least 6 diapers per day. Complete Parent Written Medication Consent Form for any non-medicated ointments (ex. diaper rash cream or body lotion). A written Medication Consent Form must be completed by your child's doctor for any medicated ointments (ex. Hydrocortisone, Anti-Fungal Cream)

Infant Feeding Needs and Routines

Please remember that we follow the American Academy of Pediatrics and CACFP infant feeding guidelines. If your child has any food allergies or restrictions that do not fall under these guidelines, we will need a note from your child's doctor.

Child's Name: _____

- ✓ My child drinks
____ breastmilk
____ formula
____ both breastmilk and formula
____ whole milk (12+ months)

Number of ounces per bottle to be offered: _____

Approximate number of ounces child usually finishes: _____

Approximate times your child drinks a bottle/nurses:

- ✓ My Child (6+ months) eats:

____ infant cereal type/kinds: _____
____ baby food type/kinds: _____
____ table food

If your child is eating table foods, please list foods that you have tried:
We will not offer any "new" food to your child.

Child's Allergies and/or Food Restrictions:

Breastfeeding mothers are welcome to come nurse their baby at any time! 😊

Please list any additional information which you feel is important for us to provide quality care for your child: __

Parent/Guardian Signature

Date

STATEMENT REGARDING INFANT FEEDING

Name of Facility: Buffalo State College Child Care Center

Name of Infant: _____

Date of Birth: _____

PLEASE CHECK ALL THAT APPLY:

1. _____ I **decline** the daycare provider's offer to supply *Up and Up Infant Formula with Iron* for my child. I will supply the formula.

2. _____ I **accept** the daycare provider's offer to supply *Up and Up Infant Formula with Iron* for my child.

3. _____ I **decline** the daycare provider's offer to supply meal components for my child. I will supply all food for my child.

4. _____ I **accept** the daycare provider's offer to provide all meal components for my child.

5. _____ I will supply breastmilk for my child.

Note: Please remember all bottles still need to be provided by the parents

Parent/Guardian's Signature

Date